

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS BENEFITS PROGRAM
WASHINGTON, D.C. 20531

REPORT OF PUBLIC SAFETY OFFICER'S DEATH

FOR DOJ USE ONLY

CASE NUMBER _____

DATE RECEIVED _____

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796), and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a claimant for the payment of benefit and the information may be disclosed to Federal, State and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is mandatory. Failure to supply requested information may result in a delay in processing this form and receipt of benefits. **PLEASE PRINT CLEARLY OR TYPE.**

1. NAME OF OFFICER (Last, First, Middle)

2. OFFICER'S TITLE

3. SOCIAL SECURITY NUMBER

4. DATE OF INJURY

5. DATE OF DEATH

6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)

PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

7. AT THE TIME OF INJURY THAT RESULTED IN DEATH WAS THE OFFICER WORKING A
REGULAR SHIFT OR AN ASSIGNED OVERTIME SHIFT? YES ☐ NO ☐

IF NO, ATTACH AN AFFIDAVIT EXPLAINING THE OFFICER'S DUTY STATUS.

AS AIN THE SERVICE OF

| | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| LAW ENFORCEMENT | <input type="checkbox"/> | STATE GOVERNMENT | <input type="checkbox"/> |
| CORRECTIONS OFFICER | <input type="checkbox"/> | LOCAL UNIT OF GOVERNMENT | <input type="checkbox"/> |
| PROBATION OFFICER | <input type="checkbox"/> | FEDERAL GOVERNMENT | <input type="checkbox"/> |
| PAROLE OFFICER | <input type="checkbox"/> | LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD, DEPARTMENT | |
| FIRE FIGHTER | <input type="checkbox"/> | ORGANIZED, CHARTED OR FORMED BY A PUBLIC AGENCY TO ACT ON ITS BEHALF | |
| JUDICIAL OFFICER | <input type="checkbox"/> | IN PROVIDING FIRE OR RESCUE SERVICES TO THE PUBLIC | <input type="checkbox"/> |
| AMBULANCE AND RESCUE SQUAD MEMBER | <input type="checkbox"/> | | |
| OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> |

8. OFFICER'S EMPLOYMENT STATUS
WHEN INJURY OCCURRED.FULL-TIME ☐PART-TIME ☐VOLUNTEER ☐OTHER ☐

9. WAS INJURY CONTRIBUTED BY:

| | YES | NO | UNKNOWN |
|--|--------------------------|--------------------------|--------------------------|
| OFFICER'S GROSS NEGLIGENCE? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OFFICER'S INTENTIONAL MISCONDUCT? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OFFICER'S INTENT TO BRING ABOUT HIS OWN DEATH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OFFICER'S VOLUNTARY INTOXICATION? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ANY PERSON WHO MAY BE ENTITLED TO BENEFIT? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Attach explanations for any "yes" answer.)

PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS: Provision of this information does not constitute a finding for or against an interim Payment of Benefits or Final Award of Benefits. If the officer was not married at the time of his death, but was cohabiting with another person in what could be construed as a common-law marriage, please indicate that relationship below.

10. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS:

SURVIVING SPOUSE OR COHABITANT

NAME (Last, First, Middle)

SOCIAL SECURITY NO.

MAILING ADDRESS (Include zip code)